

HOW ARE THE COSTS OF CONTINUING MEDICAL EDUCATION TO BE DEFRAYED? *

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THE MEDICAL-SCHOOL BUDGET

IN considering the place of continuing medical education in the budget of a university, most medical schools expect this activity to be self-supporting. Contributions from general funds are not forthcoming in most instances. The deans of medical schools usually believe that 1) undergraduate medical education has priority in funding from general and governmental income, 2) graduate medical education should be funded primarily from revenues derived from the delivery of health care, usually through hospital budgets, and 3) continuing medical education must support itself through realistic charges for what it provides.

However, the university medical school does contribute to the funding of continuing medical education through faculty salaries. Many schools, formally or by tradition, require the participation of faculty in continuing medical education without additional recompense; even when honoraria are paid to faculty for participating in continuing medical education, these are usually at a minimal scale and often are less than those honoraria received by visiting faculty.

Another area of support for continuing medical education provided by the school is the institutional library and the audio-visual media center. These facilities are available to postgraduate students either free or at nominal cost, and can provide effective educational tools for those who learn to use them. The school also makes available its auditoriums, classrooms, laboratories, offices, and the services of ancillary personnel—no small contribution when considered in the context of over-all costs.

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HOSPITALS

Hospitals are another source of funding for continuing medical education. Hospital budgets often make provision for educational staff meetings and hospitals also provide libraries, auditoriums, meeting rooms, and offices for staff educational activities. Audio-visual facilities are also provided, although the quality and sophistication of these services vary widely.

Some community hospitals subscribe to major programs of continuing medical education for their professional staffs. For example, such programs are available through the University of Southern California School of Medicine and the Albany Medical College of Union University; the cost to the individual hospital runs as high as \$15,000 to \$20,000 a year.

Many hospitals now pay the salaries of directors of medical education and of full-time chiefs of services. These individuals carry major responsibility for both continuing and graduate medical education. There is often a crossover between graduate and continuing medical education, with residents enrolling in postgraduate courses and visiting staff attending conferences planned for the house staff.

GOVERNMENT

The governmental contribution to the funding of continuing medical education is limited to research and construction. Federal grants for specific demonstration or research projects are available. An example of government funding through the Regional Medical Programs is the establishment of the Dial-Access Libraries. The first of these was developed at the University of Wisconsin under Dr. Thomas Meyer and now there are at least 18 such libraries with annual budgets ranging from \$15,000 to \$30,000. These libraries provide a toll-free and cost-free service to the user by which he can dial a certain telephone number, ask the operator for a specific tape number selected from a previously distributed catalogue, and then listen to a four-to-eight-minute tape summarizing a particular topic. There has been difficulty in funding these dial-access libraries since the termination of the Regional Medical Programs.

Another activity of continuing medical education which the federal government has supported is the construction and staffing of Area

Health Education Centers. Medical schools in 11 states have been granted a total of \$10 million to establish these centers. The Carnegie Commission on Higher Education has recommended that 126 of these centers be developed in communities which are medically underserved and are some distance from an academic medical center. The University of North Carolina now operates five of these centers which employ 35 full-time faculty members across the state. In Great Britain the National Health Service is constructing and staffing postgraduate medical education centers in the outlying communities to perform the same function.

FOUNDATIONS AND INDUSTRY

Private foundations in general are not interested in funding continuing medical education. Limited amounts of money to begin specific projects is the most that departments of continuing medical education can expect from foundations.

The pharmaceutical and medical-equipment industries are active sources of funding for continuing medical education. The support of meetings and symposia, provision of audio-visual aids, contributions to libraries, establishment of lectureships and fellowships, and support of journals by advertisements are all partial methods of funding provided by these companies.

THE MEDICAL PROFESSION

Continuing medical education receives a large part of its financial support from professional organizations. The national colleges, the specialty societies, the American Medical Association, and the state and county societies, as well as local professional societies such as the New York Academy of Medicine all contribute vigorously to continuing medical education through their national and local meetings, their publications, and the activities of their committees and staffs. The contributions of these societies are in reality the contribution of the medical profession to its own continuing medical education.

INDIVIDUAL TUITION

The major source of funding for continuing medical education remains the individual tuition fee, journal or audio-visual subscription, or library card. Almost all postgraduate courses are operated on a self-

supporting basis. The schedule of tuition fees is set at a level which will provide this support, and which at times may show a profit. The profit motive is most clearly visible in the increasing number of commercial firms which are making money by managing and sometimes sponsoring postgraduate courses, often in association with packaged travel arrangements.

Since the practicing physician has a good income and since the expenses of continuing medical education are deductible from his income tax as a business expense, it seems reasonable that the physician should continue to pay his way in continuing medical education. Ultimately, of course, this becomes a cost to the patient which, it is to be hoped, results in the delivery of better health care to him.

SUMMARY

In summary, then, the major funding of continuing medical education comes from the individual physician's tuition fees and from professional societies, which in turn are supported by the dues of the physician members.

Medical schools and hospitals provide additional funding through planning and the use of facilities. Governmental funds will continue to be a source of income for the construction of new facilities and for demonstration projects involving new techniques.